



CITY of KINGSTON PARKS and RECREATION DEPARTMENT

CO-ED YOUTH FLAG FOOTBALL PROGRAM

2 DIVISIONS

7-10 YEAR OLD and 11-14 YEAR OLD

\$55 – CITY of KINGSTON RESIDENTS

\$65 – NON-RESIDENTS

EACH PLAYER RECEIVES A FLAG FOOTBALL JERSEY

ALL GAMES ARE PLAYED AT DIETZ STADIUM

ON MONDAYS, UNDER THE LIGHTS!

GAMES SCHEDULED TO BEGIN SEPTEMBER 28TH

REGISTRATION CAN BE DONE ONLINE AT www.kingstonparksandrec.org

or HERE AT THE PARKS & RECREATION DEPARTMENT, IN THE ANDY MURPHY
(MIDTOWN) NEIGHBORHOOD CENTER, BEGINNING ON THURSDAY, AUGUST 20TH
and REGISTRATION ENDS ON TUESDAY, SEPTEMBER 15TH.

A "NEW PLAYER" EVALUATION WILL BE HELD ON TUESDAY, SEPTEMBER 15TH, HERE AT THE
ANDY MURPHY (MIDTOWN) NEIGHBORHOOD CENTER FROM 5:30-6P FOR THE 7-10 DIVISION
AND 6-6:30P FOR THE 11-14 DIVISION.

City of Kingston Parks and Recreation Department
467 Broadway
Kingston, NY 12401
(845) 331-1682 (845) 331-2750 (fax)
kgilfeather@kingston-ny.gov

Kevin Gilfeather
Superintendent
(845)481-7333



Rob Dassie and Ralph Vanacore
Recreation Leaders
(845)481-7334 and (845)481-7337

PROGRAM REGISTRATION

NAME OF PROGRAM: ____ Co-Ed Youth Flag Football ____ DATE: ____

NAME OF PARTICIPANT: ____ AGE: ____

DATE OF BIRTH: ____ SHIRT SIZE(YOUTH LG/ADULT SM/MED/LG) ____

NAME OF PARENT/GUARDIAN: ____

ADDRESS: ____ CITY/STATE/ZIP: ____

HOME PHONE #: ____ WORK #: ____ CELL #: ____

EMAIL ADDRESS (optional): ____

If Parent Is Unavailable Second Person to Contact:

NAME: ____ RELATIONSHIP: ____

ADDRESS: ____ CITY/STATE/ZIP: ____

HOME PHONE #: ____ WORK #: ____ CELL #: ____

ALLERGIES: (food, bees, medications, etc) ____

PHYSICAL LIMITATIONS: ____

EMOTIONAL CONCERNS (difficulties, disorders etc) ____

ADMINISTERED MEDICATIONS: YES ____ TYPE ____

Signature Parent/Guardian ____ Date ____

PROGRAM CHARGES ARE NON-REFUNDABLE

OFFICE USE ONLY:

AMT CHECK: \$ ____ AMT CASH \$ ____ RECEIPT # ____

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Kevin Gilfeather
Superintendent



Ellen Venditti
Recreation Commission, Chair

ACKNOWLEDGMENT OF RISK

NAME OF PARTICIPANT: _____

NAME OF PARENT/GUARDIAN: _____

I give my daughter/son _____, permission to participate in the Co-Ed Youth Flag Football program/activity sponsored by the City of Kingston Parks and Recreation Department.

I, the undersigned, for myself and anyone entitled to act on my behalf, waive, release, hold harmless and indemnify in whole, the City of Kingston, the City of Kingston Parks and Recreation Department and their officers, directors, representatives and employees from all claims or liabilities of any kind arising from my child's participation in this program/activity.

I further acknowledge there are certain unanticipated inherent risks involved with recreation programs that may involve severe or minor physical injury such as but not limited to injury from falls, broken bones, strains, sprains, bruises or contact with other participants. I agree to assume these risks and responsibilities surrounding my child's participation in this program or activity.

My child is in good physical condition and does not possess any physical or mental impairment that prevents their participation in this program or activity.

In signing this release I acknowledge and represent that I have read it, understand it, and sign voluntarily as my own free act and deed.

Signature of Parent/Guardian _____ Date: _____

Media Waiver

For promotional purposes videos or photographs are occasionally taken of City sponsored activities. These videos or photographs may be used for promotional material on the web, brochures, flyers or public access television.

If you **DO NOT** wish your child to appear in this manner check this box

